

ON  
THE CONSTITUTIONAL CHARACTER AND TREATMENT  
OF THE  
DISEASES OF WOMEN

CONNECTED WITH



CHRONIC INFLAMMATION OF THE UTERUS.

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C  
DUBLIN:  
FANNIN AND CO., 41, GRAFTON-STREET.

1873.



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CHRONIC inflammation of the neck of the womb is the most common of all the diseases peculiar to women. Thus, of six thousand three hundred cases that came under my observation at the dispensary for diseases of women attached to the Lying-in Hospital, rather more than one-tenth belonged to this category, and in private practice I have found the proportion of these cases fully as large as in hospital or dispensary experience. The frequency of chronic uterine inflammation, producing ulceration and leading to hypertrophy, is only equalled by the importance of its consequences, and these are too generally disregarded by writers on the subject. Amongst the results of this complaint, not to speak of malignant disease, may be mentioned sterility, menorrhagia, dysmenorrhœa, vaginitis, leucorrhœa, hysteria in all its forms, and the long train of moral as well as physical infirmities which are the sequence of these morbid conditions.

The treatment of the affections now under consideration is still vague and unsatisfactory, generally extending over long periods of time, and often unrewarded by the cure of the disease, its predisposing causes being, as I believe, overlooked in practice.

I shall therefore now very briefly submit my views as to the causes of the frequency of these maladies, their effects, and the treatment they require, and venture to hope that the experience of even one individual who has had opportunities of observation may aid others who are entering on the same field of practice, and thus contribute something, however little it may be, towards putting the treatment of these affections on a more satisfactory footing.

II.—*Increasing Prevalence of Uterine Disease.*

No one conversant with medical literature in which is reflected the prevailing idea of the day as to disease, for there are fashions in professional opinion just as certainly as there are modes in dress—

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Quem penes arbitrium est, et jus et norma—

can fail, on comparing the medico-chirurgical publications of the present time with those of any former period, to observe the great prominence

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now given to the study of uterine affections, and the importance attached to them. The questions not unnaturally arise, have these diseases really become more common than was formerly the case? or is it merely the fashion of the day to ascribe all obscure complaints to uterine disorder, as it was formerly to attribute them to "the vapours," or "the spleen," or the more modern "nervous and bilious complaints," each of which was at one time so prolific a supposed cause of patients' ailments, and, more certainly, of physicians' fees? Or, have uterine complaints been always as prevalent, though only now discovered by the improved means of diagnosis furnished by modern gynæcological science?

Opposite as these doctrines appear, and warmly as they have been espoused by conflicting authorities, there is, nevertheless, as in most other disputed subjects, some truth as well as some error in each of them. Uterine diseases are, I believe, more commonly met with, as well as more in vogue, and, above all, they are more easily recognized than was formerly the case.

A comparatively short time has yet elapsed since either the frequency or the pathological importance of the morbid conditions now under consideration was first pointed out. The English writers of most repute on female complaints during the first thirty years of the present century, down to the time of Sir Charles Clarke, make no mention of non-malignant ulceration or congestion of the lower segment of the womb; and even as recently as 1857, Dr. Rigby, a well known and distinguished practitioner, asserted that "ulceration of the os and cervix uteri, not connected with malignant disease of the uterus, is in fact a rare affection."

The discrepancy of opinion between recent gynæcologists and those who immediately preceded them on the question of the prevalence of inflammation, congestion, hypertrophy, and ulceration of the cervix and os uteri, may, to a great extent, be accounted for by the fact that the actual condition of the diseased part, which is now obvious to any tyro armed with the vaginal speculum, was, before the general employment of Recramier's invention, obscure, and only to be ascertained with difficulty and imperfectly by the light of general symptoms, assisted by tactile examination.

#### III.—*On the Use and Abuse of the Speculum.*

By the aid of the speculum, the uterine sound, the endoscope, and, above all, by the trained index finger of the experienced gynæcologist, it is now as easy to investigate the protean maladies of the internal female organs of generation as it is to diagnose disease of the external parts of the body. Yet, comparatively few years have elapsed since M. Recramier's revival of the speculum or *διопτρα*, which was fully described by Paulus Æginata in the seventh century, and again given to the world in 1816, has been extensively employed. Even twenty years after that date, when Dr. Bulhernie advocated the speculum, its

use was almost unknown; nor did it find much favour with British practitioners till after the publication in 1844 of the first edition of Dr. J. H. Bennett's work on "Inflammation of the Uterus."<sup>a</sup>

The vaginal speculum is unquestionably the greatest improvement that modern science has contributed to this department of medical practice. It is as essential in the treatment of many uterine complaints as the stethoscope is in the diagnosis of pulmonary or cardiac diseases. But it may be abused as well as used, and for my part I cannot approve of an indiscriminate resort to the speculum in cases of suspected uterine disease, and more especially when occurring in young unmarried women. I have had daily occasion for some years to introduce as many speculums in hospital and dispensary practice as most practitioners, but I never regarded myself as justified in so doing in any case in which this instrument could be possibly dispensed with—that is, in which its use was not absolutely necessary for the diagnosis or treatment of the disease.

Many cases have from time to time come under my observation in which the patient, having previously been treated for ulceration of the os uteri, insisted on being "examined," and when, as not unfrequently happened, I did not think this procedure necessary, these persons were dissatisfied, and considered themselves neglected. And yet in a large proportion of such cases, by simply paying attention to the general health of the patient, ordering the free topical use of cold water, and enjoining total abstinence from marital relations, all the symptoms would subside, and the invalid would regain perfect health—the *mens sana in corpore sano*—far more completely and rapidly than if I had subjected the parts to the mechanical irritation of repeated examinations with the speculum, and so aided in keeping up that morbid concentration of the imagination on the supposed seat of the disease which is so common in uterine complaints. But wherever extensive disease of the os or cervix uteri exists the use of the speculum is indispensable. Since M. Reclamier's time a great variety of vaginal speculums have been devised. That most generally used in America, and of late by many practitioners in this country also, is Dr. Marion Sims' so-called "duck-bill speculum." This instrument, although an admirable one for a variety of purposes, and more especially for all plastic operations in the vicinity of the vaginal canal, is, in my opinion, unsuitable for use in the treatment of simple ulceration or hypertrophy of the cervix uteri.

The objections to the "duck-bill speculum" are, first, that it is troublesome to use, necessitating the constant co-operation and aid of a trained assistant; secondly, that it causes more pain and greater exposure of the patient's person than the ordinary cylindrical speculum; thirdly,

<sup>a</sup> A Practical Treatise on Inflammation of the Uterus. By J. H. Bennett, M.D. 1st edition, London, 1845; 4th edition, 1861.



that the view it affords of the seat of the disease is less satisfactory than that given by the latter instrument.

The first objection is, I think, a serious one. For though we must all agree with Dr. Sims that delicacy and propriety, as well as the safety of the surgeon's character, require the presence of a third person whenever it can possibly be obtained on such occasions, still there are many cases in which no one qualified to render the surgeon the requisite assistance is at hand. With regard to the second objection, all I can say is that in this country at least very few decent women would, without some extreme necessity, which, in my opinion, does not exist in the complaints now under consideration, submit themselves to a vaginal examination conducted in the manner described by Dr. Sims in his original directions for using the "duck-bill speculum." Even the greatly modified method of using this instrument now recommended by Dr. Sims in his valuable work on uterine surgery,<sup>a</sup> is, according to my experience, neither necessary nor expedient in these cases. The employment of the tenaculum hooked into the anterior lip of the os uteri, as directed by this eminent American surgeon, although now very generally practised, is, like several other points in modern gynæcological practice—

". . . a custom

More honoured in the breach than the observance."

It is true that the cervix uteri apparently possesses very little sensibility, and sometimes bears very rough handling, without any obvious ill effects. Yet it surely needs no argument to prove that it is not desirable to drag down the uterus towards the vulva by means of a steel hook fixed in an inflamed or ulcerated cervix. In other uterine diseases I have indeed often availed myself with advantage of this method of bringing the os uteri into view or the uterus within my reach in cases that could not have been treated otherwise. But, on the other hand, I have seen very unpleasant consequences from the indiscriminate practice of harpooning the cervix with a tenaculum for the purpose of remedying the surgeon's want of dexterity in bringing the os tincæ into view with the speculum.

Dr. Byrne of Brooklyn has recently published in the *American Journal of Obstetrics* a description of a new self-retaining speculum, or rather perinæum depressor, combining the advantages of the "duck-bill" and cylindrical specula, which, as far as can be judged from the inventor's account, promises to be a valuable instrument.

For all ordinary diagnostic purposes I have found the ordinary glass-reflecting or Fergusson's speculum sufficient, and either that or Dr. Graily Hewitt's excellent bivalve speculum<sup>b</sup> was employed in at least nine-tenths of all the cases of ulceration that came under my observation.

<sup>a</sup> Clinical Notes on Uterine Surgery. By J. Marion Sims, M.D., p. 23. Lond. 1866.

<sup>b</sup> The Diagnosis and Treatment of Diseases of Women. Second edition. Lond. 1871.

IV.—*The Physical Signs of Ulceration of the Cervix Uteri.*

A digital examination will enable the experienced practitioner to diagnose a well-marked case of ulceration of the cervix uteri by the peculiar "soft velvety sensation" which, together with the patulous state of the os, was first pointed out by Dr. Bennett as characteristic of the disease, and which may readily be recognized by the touch. So conclusive are the tactile evidences of this condition of the os uteri that I have seen few out of the large number of these cases that presented themselves at the dispensary in which it was not possible to pronounce an opinion from a simple digital examination, even when only a slight degree of ulceration existed, unless it was confined to the cervical canal and had not affected the os or vaginal portion of the cervix. In fact, in the hands of an experienced practitioner, the speculum is chiefly required for therapeutic, and not so much as is generally supposed for diagnostic purposes. The os uteri is usually patulous and much lower down when ulcerated than in its healthy condition, the whole cervix being tumefied and elongated. On making a digital examination we also find the parts to be more tender than natural, and the temperature is almost invariably raised. In short, all the characteristics of inflammatory action are present—"tumor cum calore et dolore"—as well as increased vascularity, evinced by the altered colour of the mucous membrane. Having ascertained by a digital investigation that the case is really one of ulceration, the surgeon may now proceed to make an ocular examination by the speculum. The lower part of the uterus will now generally be found congested and vascular looking, the lips of the os thickened, and usually one of them—commonly the anterior lip—longer and more prominent than the other. The vaginal portion of the cervix is coated with a thick glairy mucus issuing from the os and covering the softened hypertrophied mucous membrane, in which, when this discharge is washed away by syringing with tepid water, as it is so tenacious that it cannot be easily otherwise removed, the ulcerated surface may be detected with ease. These ulcers are irregular in form, and vary in extent from a mere speck-like depression in the mucous membrane to a deeply excavated sore. The superior fifth of the vagina at least always necessarily participates in the inflamed condition of the cervix, with which it is so closely identified by structure as well as by situation, and more or less vaginitis attends all cases of inflammation or ulceration of this part.

Ulcers of the os uteri are commonly very superficial, and in many cases are but mere abrasions of the mucous membrane. They generally commence just within the os tincæ, and extend ultimately to both lips, being, however, more marked on one side than the other. The os is usually very patulous, and we may frequently trace the ulceration through the open cervical canal into the body of the uterus.

The viscid glairy mucus, closely resembling the white of egg, which

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is seen issuing from the open os uteri, to which it adheres so closely as to be removed with much difficulty when we wish to examine the ulcerated surface, is, as was pointed out by Dr. J. H. Bennett whose researches have thrown so much light upon uterine diseases, pathonomic of inflammation within the cervical canal. This mucus is secreted within the cervical canal by the glandulæ Nabothi, which in cases of cervical inflammation, and under no other circumstances, excepting during pregnancy, pour out a secretion by which the orifice of the uterus is hermetically sealed, and subsequent impregnation effectually prevented.

### V.—*Causes of Chronic Endo-Metritis, Cervicitis, and Ulceration.*

In considering the causes of chronic inflammation and ulceration of the uterus, and especially of the cervix uteri, very undue importance is now-a-days attached to the local exciting causes of these affections, whilst the constitutional predisposing causes, which I consider as the *fons et origo malorum*, are disregarded. This matter is one of considerable practical importance, for if the views herein set forth as to the constitutional causation of local uterine diseases, attended by inflammation, ulceration, sterility, and other organic and functional derangements of the womb be right the treatment of these affections will be materially changed, improved, and simplified. The serofulous diathesis is, in my opinion and according to my experience, the most common predisposing cause of the diseases that form the subject of the present essay. This fact, as far as I am aware, is completely ignored by all the recognized authorities on the subject, and my chief object in submitting this paper to the Obstetrical Society is to call attention to the connexion between struma and the most common forms of uterine disease, in the hope of thus contributing to a more satisfactory and rational plan of treating these complaints.

My attention was first called to this point by noticing that amongst the large number of patients suffering from chronic uterine affections, such as leucorrhœa, endo-metritis, inflammation, ulceration, or hypertrophy of the cervix uteri, ovarian pain, sterility, repeated miscarriages, derangements of menstruation, &c., that came under my observation at the dispensary for diseases of women attached to the Lying-in Hospital, a very considerable proportion were of well-marked serofulous habit; in many instances they suffered from actual serofulous disease of other parts, and in others I was able to trace the influence of a hereditary serofulous taint.

In these cases the uterine symptoms, the character of the inflammation, the form of ulceration, and the nature of the discharge were all impressed with the serofulous type. The constitutional condition of the patient being thus strumous, the local uterine disease is analogous to serofulous inflammation of the conjunctiva or phlyctenular ophthalmia, or



still more resembles the chronic mucous nasal catarrh of strumous children, being attended by a similar tendency to produce excoriation of the mucous membrane, and by a somewhat similar glairy discharge. Many of the symptoms of serofulous inflammation are generally present in the cases under consideration; in them the inflammatory action is as insidious in its first encroachment, as chronic in its course, as obstinate in its duration, and as difficult to cure. Like all other forms of serofulous inflammation that affecting the cervix uteri is peculiarly apt to lead to the formation of ulcerations of the characteristic strumous appearance, irregularly circular in shape, superficial in depth, pale and flabby in aspect, possessing little natural sensibility, but occasionally angry and irritable, tedious beyond patience when neglected or maltreated, and best cured by the treatment appropriate to other diseases of the same character.

In order to understand the peculiar susceptibility of the uterus to inflammatory and allied complaints, viz.:—Inflammation, acute as well as chronic; congestion, active and passive; ulceration, hyperæmia or hyperæsthesia—the anatomical and physiological peculiarities of this organ must be borne in mind; for it is only by studying vital actions in health, or physiology, that we can hope to succeed in studying morbid actions in disease or pathology. We must therefore keep in view, when considering this subject, the highly vascular structure of the womb, the formation of its veins, devoid as the cerebral sinuses of valves, and resembling them in their comparative size and number. The natural tendency to congestion of the uterus occasioned by menstruation must also be taken into account at the same time, as well as the possibility of these diseases being caused by arrested or defective involution after parturition, or, as is very frequently the case, by simple congestion, resulting from frequent pregnancies, or in newly married women from overstimulation of the parts. Inflammation of the cervix uteri leading to ulceration or hypertrophy is essentially a chronic complaint, and differs in this respect from inflammation of the body and fundus of the womb, which is more frequently of an acute character. That the cervix uteri is more liable to chronic inflammation than the superior part of the same organ is unquestionable, and admits of an easy explanation. For although there is no line of demarcation separating one portion of the womb from another, and limiting the diseases affecting each within certain boundaries, yet the situation of the cervix renders it more exposed to the exciting causes of inflammation, namely, mechanical irritation, or injury, to which may be added the natural tendency to congestion produced by the pendant situation and great vascularity of this organ.

Gout and rheumatism, or more commonly the gouty or rheumatic diathesis, must be recognized as amongst the occasional causes of chronic uterine disease. The importance of gout considered as a cause of these affections, was long since pointed out by the late Dr. Rigby. Neuralgia

of the uterus is another form of chronic womb disease of constitutional origin, and to this or to gout or rheumatism must be referred the causation of the "Irritable Uterus" described by Dr. Gooch in his classic essay, as of "Uterine Irritation," of which the late Dr. Addison has left so graphic a picture, and one which may still be read with much profit, though penned many years ago.

Syphilis is by no means an uncommon cause of uterine disease. But, contrary to a very prevalent opinion amongst dispensary patients at least, primary syphilitic ulcerations on the cervix uteri are extremely rare. In the few exceptional cases of this kind that I have seen there was generally also a chancre on the external parts, and even if there was not, the diagnosis was rendered easy by the well-defined, circular, excavated, and hard character of the sore, its greater sensibility, and the history of the case. These ulcerations require no further notice in this place, as they must be treated as ordinary chancres, wherever situated, should be.

Secondary syphilitic affections of the uterus are however comparatively frequent. Amongst the occasional manifestations of uterine secondary syphilitic taint may be mentioned leucorrhœa, or uterine catarrh; superficial abrasions of the mucous membrane; hypertrophy of the cervix, which in such cases presents a peculiar piebald colour, being in part of its normal aspect, and in part of a dull, congested, vitrious hue. All these symptoms however frequently occur without any syphilitic disease. In doubtful cases the diagnosis will be greatly aided by the history of the case; whether the patient has ever suffered from a primary sore on the external genitals, or from any suspicious cutaneous disease or form of ulcerated sore throat; or when none of these symptoms can be traced, by the fact that the patient has repeatedly aborted, or given birth to immature and putrid still-born children. Under such circumstances I should never hesitate to regard any obscure uterine disease as syphilitic, although I should be very cautious in imparting my diagnosis to any one whatever.

#### *VI.—The Various Forms of Ulceration of the Os and Cervix Uteri.*

Various forms of uterine ulceration have been described, such as "granular ulcers," "corroding ulcerations," "cockscorn granulations," "varicose," or "fungus ulcers," &c.; but these distinctions appear to me of little practical importance, and like some other recent additions to the already too complicated nomenclature of our present nosology, rather tend to embarrass the student than to assist the practitioner. It should be borne in mind, however, that simple ulcerations of the os and cervix may present either a granular or non-granular aspect.

Whatever form they may ultimately assume, all non-malignant ulcer-

ations of the os and cervix uteri first manifest themselves as simple abrasions of the mucous membrane. In this stage of the disease there is merely an erosion of the epithelium of the affected part. The mucous papillæ of the ulcerated surface become hypertrophied and prominent, present a bright red colour, and are soft and velvety to the touch. The denuded surface whitens on the application of nitrate of silver, and there is a viscid secretion from the glands of the cervix. The adjoining mucous membrane is also inflamed, or at least congested. After a time the abrasion extends further into the subjacent tissues, the mucous villi are destroyed, and there is a corroded ulceration, with a distinct loss of substance evident on examination.

In the granular form of ulceration, which is only met with in chronic cases, the diseased surface presents a bright red raw appearance, from which the granulations project distinctly. After some time these granulations become pale and flabby, and assumes a fungous appearance. It has been asserted by M. Cazeaux and other writers, that a peculiar form of ulceration, marked by a hypertrophied fungoid condition of the mucous villi of the os uteri, frequently occurs during pregnancy, and in ordinary cases neither causes any inconvenience, nor requires any special treatment.

#### VII.—*Symptoms of Chronic Uterine Inflammation.*

The symptoms of chronic inflammation and ulceration of the cervix uteri are numerous, varying not only according to the extent of the disease, but still more according to the age and general condition of the patient, and hence little reliance can be placed on them until the nature of the case has been demonstrated by a vaginal examination. Holding, as I do, that ulceration of the os or cervix uteri is a result of pre-existing inflammation of a subacute, chronic, and frequently scrofulous, gouty, or syphilitic character, I shall here connect together my experience of the symptoms of chronic inflammation and ulceration, though these are generally considered apart. This inflammation, as has just been observed, is subacute in its form, and so insidious is its invasion, and gradual its progress, that, although it occasions numerous and important functional and structural changes and symptoms, these latter are, for the most part, so vague and uncertain, that until the complaint has passed from its first stage, that of active congestion or inflammation, into its second stage, that of ulceration, the nature of the case, nay, the very seat of the disease may remain undetected. Hence chronic inflammation attracts less attention, and is supposed to be less common than ulceration of the os uteri, merely because the latter is more easily recognized. The cervix uteri being congested or inflamed in these cases, the constitutional symptoms are to a great extent occasioned by the local hyperæmia. The patient complains



of pain in the back, across the lumbar region, and, following the course of the muscles which line the pelvis, down the thighs. This pain is generally worse after rest, so that she can hardly rise in the morning; and the sense of weakness in this part is such that the sufferer frequently explains it in the words—"I feel as if I have no back." A "bearing down" sensation in the pelvis and pain down the legs in the course of the crural nerves is also commonly produced by the pressure of the congested uterus, even when there is no displacement of the womb. The amount of local uterine pain occasioned by inflammation or ulceration of this part, even when extensive, is usually very slight. As a rule the patient complains more of a sense of heat and soreness, which is increased by sexual intercourse, rather than of any actual pain in the seat of the disease. She suffers from either a thin white or from a yellowish muco-purulent discharge, more or less profuse as the case may be, and this leucorrhœa, in the great majority of instances, is the symptom which first attracts the patient's attention to the uterine disease, and is the complaint for which she most commonly seeks advice.

The functions of the uterus are invariably disturbed. The menses are abnormal, occasionally they are attended by severe pain, in some instances they are diminished. Dr. Roe, in an excellent paper on the symptoms of uterine disease, recently published in the *Dublin Quarterly Journal*, says that dysmenorrhœa is more frequent than menorrhagia; but in the cases that have come under my observation on the contrary, the catamenia were more commonly too profuse, menorrhagia resulting from the local congestion and irritation, and in a large proportion of cases of this kind I have observed that menstruation recurred every third week, and lasted for six or seven days, whilst in the interval the patient was further weakened by the leucorrhœal discharge already spoken of.

Sterility almost always accompanies this disease, and as long as it exists to any serious extent the patient must remain barren. This fact, which I regard as one of great practical importance, is too generally ignored in practice. I have known instances in which patients were subjected to very heroic surgical treatment to overcome some supposed mechanical obstacle to impregnation, and who nevertheless remained childless, no attention having been paid to the true and most frequent cause of sterility, namely, the existence of chronic cervical inflammation, on the subsequent cure of which pregnancy has followed.

Ovarian inflammation, manifested by soreness, tumefaction, and occasionally burning pain in the ovarian region, is one of the most frequent consequences and accompaniments of endo-metritis. In these cases the inflammation extends from the uterus, along the fallopian tubes to the ovaries, and this to a great extent accounts for the fact I have just mentioned, that patients suffering from endo-metritis or endo-cervicitis,



are sterile for the time being. As a rule only one ovary, and that generally, although I know of no reason for it, the left ovary, was affected in the cases that came under my observation.

Vaginitis is present in almost every form of inflammation or ulceration of the cervix uteri, and occasionally pruritus of the pudendum is a most distressing complication of the disease.

The bladder soon becomes sympathetically affected, incontinency of urine and a scalding in micturition being amongst the most prominent symptoms of endo-cervicitis or ulceration. The bowels are generally confined, the rectum being frequently loaded with scybalaë, even when the patient persists in asserting that they are perfectly regular, and this constipation re-acting on the original disease adds to the uterine irritation.

The constitutional symptoms of chronic sub-inflammatory uterine disease are by no means pathognomic. As I have already stated, in a large number of these cases there are well-marked evidences of the strumous or gouty diathesis, and the sufferers are generally either of the lymphatic or bilious temperament. Hysteria in all its protean forms is one of the common consequences and symptoms of uterine inflammation or ulceration. There is generally some derangement of the digestive functions; the appetite is impaired, voracious, or capricious; the bowels are torpid; the intestines are distended by flatulency, which is especially troublesome after food, and a sick stomach especially in the morning is frequently complained of.

Cardalgia, palpitation and pain in the left submammary region is one of the most common symptoms of uterine disease. In such cases the patient generally seeks medical advice under the firm impression that she is suffering from heart disease, and will hardly allow any reference to the uterus as the seat of her complaint. In fact the majority of instances of supposed cardiac disease occurring in females, and especially when any evidence of hysteria can be detected may, *a priori*, be set down to chronic uterine inflammation, on the cure of which all the cardiac symptoms will subside. The same observation applies to the chronic and other intense headaches, to which women suffering from inflammation or ulceration of the cervix uteri are peculiarly subject.

As the uterine disease progresses the patient's general health becomes more manifestly impaired. She loses flesh, becomes pale, sallow, or cachectic in aspect, her personal appearance being invariably, after some time, obviously altered for the worse, so much so that a woman who has long suffered from ulceration seldom retains any vestige of beauty. Her appetite is unhealthy, her tongue furred, and her breath offensive. She is weak and languid, and cannot take exercise without fatigue. The mind soon begins to sympathize with the body, and the patient becomes nervous, desponding, excitable, anxious, or irritable to the verge of insanity.

VIII.—*Treatment of Chronic Uterine Inflammation and Ulceration.*

The treatment of the complaints now under consideration may be divided into—first, the topical medication required by the widely varying forms of inflammation, hypertrophy, or ulceration that may be present in each case; and, secondly, the cure of the constitutional derangement, which always accompanies, and, as I believe, very frequently causes, the local disease. At the present time almost exclusive attention is paid to the former, the latter being as generally neglected. In proof of the little importance attached to the constitutional treatment of these affections it would be easy to quote authorities, but I will content myself with citing one of the most recent and ablest exponents of the modern school of gynaecology—Dr. Atthill—who, in speaking of the treatment of inflammation of the cervix uteri, thus sums up what appears to be a prevailing view—“In my opinion,” he says, “medicines are useless in this disease.”<sup>a</sup> For my own part, whilst I attach due importance to the local treatment of all uterine diseases, yet I am fully convinced, by experience, that the reason the diseases we are now considering are generally so tedious and protracted in their cure is that the improved local treatment now relied on is not assisted by proper constitutional remedies. I shall, therefore, in the first place, briefly allude to the constitutional treatment I consider necessary in these cases, for, as I have just stated, I regard chronic inflammation of the uterus and its results, including ulceration, as a consequence of a coincident constitutional disease, and, therefore, not to be cured by local treatment alone, except in those rare instances in which it is due to local mechanical irritation.

In accordance with the views already expressed as to the frequent connexion between chronic uterine complaints and the serofulous diathesis, or other constitutional morbid conditions associated with gouty, or rheumatic, or, though less frequently, with syphilitic blood-poisoning, I would strongly urge the advisability of giving a fair trial to anti-strumous and other constitutional remedies and regimen in the cases now under consideration. I have seen numerous instances of what I regard as serofulous ulceration of the cervix uteri thus cured without any local application beyond that of a little tincture of iodine and the use of vaginal injections. My experience of their use would lead me to recommend the simple preparations of iodine given in the small doses originally ordered by Lugol, such, for example, as the one-eighth of a grain of iodine with one-fourth of a grain iodide of potash, in preference to the larger doses of its compounds now generally prescribed. In cases where symptoms of anæmia predominate, the various combinations of steel with iodine are of singular benefit, all symptoms of uterine disease often disappearing under their

<sup>a</sup> Clinical Lectures on the Diseases peculiar to Women. By Lombe Atthill, M.D., p. 161. Dublin. 1871.

use, without any local treatment whatever. Of all the remedies I have tried in these cases I have found no one so generally serviceable as a mixture of equal parts of cod-liver oil and syrup of iodide of iron.

Scrofula, although the most frequent, is, as has been just pointed out, by no means the only predisposing constitutional cause and accompaniment of the diseases we are discussing, and hence in a large number of cases we must have recourse to other constitutional treatment to alter that morbid state of the system which is the remote cause of the existing uterine congestion or inflammation. This must be effected by a modified antiphlogistic treatment, conjoined with rest, tonics, and sedatives, as well as the local use of baths or injections, caustics, astringents, counter-irritants, or local depletion, and, above all, the administration of any supposed specific remedy that may be indicated by the special requirements of each case. Thus, in cases of gouty origin, the preparations of colchicum and alkaline remedies, especially the mineral waters of Vichy, may be employed. In rheumatic uterine disease iodide of potash must be resorted to; in that dependent on constitutional syphilis, the remedies appropriate in other venereal affections must be tried, and in neuralgic uterine complaints our chief reliance must be placed on the preparations of quinine and iron.

As a rule, chronic inflammatory disease and its effects of the uterus, whether limited to the cervix or affecting the entire organ, when not of scrofulous origin, requires the administration of mercury, which is best given in the form of small doses of the perchloride, one twenty-fourth of a grain three times a day, in the tincture or infusion of bark. Notwithstanding the prevailing septicism as to the efficacy of medicines in these chronic uterine affections, my experience of many cases has fully convinced me that although the local symptoms may subside for the time under purely local treatment, the patient is more quickly, as well as more permanently cured by the administration of constitutional remedies, such as those just referred to, whilst due attention is at the same time paid to the local treatment of the ulcerated or inflamed part.

The prevailing type of chronic uterine complaints, like that of all other general diseases of the present time, is essentially asthenic, and requires the administration of tonics in almost every instance, and more especially the preparations of steel, iodine and quinine combined when circumstances admit of it, with change of air and mineral waters.

The curative effect of change of climate and of mineral and thermal waters in cases of chronic uterine disease, as well as in other disorders, is a subject on which I am entitled to speak with some confidence, having given my attention to it during several years of travel and clinical observation in the health resorts of the Continent and the Mediterranean shores of Europe and Africa, as well as at the spas of Germany, France, and Italy. The accuracy of my views on these topics has, I think, been



best proved by the freedom with which they have been appropriated by some writers, who have spared my modesty by refraining from acknowledging their obligations to my works on *Change of Climate*,<sup>a</sup> and *On the Spas*.<sup>b</sup>

No class of remedies is so useful and so generally appropriate in all chronic uterine diseases of an inflammatory origin, and more particularly when producing ulceration or hypertrophy of the cervix uteri, as mineral and thermal waters used at their sources, and hence conjoined with change of climate. These maladies are peculiarly chronic in their course, and almost imperceptibly produce their ultimate result—namely, the causation of structural or organic mischief. The morbid change having been produced slowly, the action of our remedies must be gradual, for it is vain to hope that the administration of any remedy can suddenly undo the effect of years of disease. In mineral waters we have remedial agents of undoubted power, the action of which on the animal economy is generally so gradual that they require to be persevered in for long periods of time to produce their effects. Nor is the use of the waters the only service which a patient suffering from chronic uterine disease derives from a visit to some Continental spa. The journey to the foreign watering place involves a change of climate, of occupation, and of living. New scenes and places, as I have elsewhere observed, suggest new thoughts; the *atrabilis* of gloomy apprehension is purged away; the hysterical and oftentimes hypochondriacal victim of chronic uterine disease is induced to take her attention off her own morbid sensations, and ceasing to think on her symptoms, to a great extent they cease to trouble her. But entirely apart from the happy moral effect produced by a change from the routine drugging and dosing of an English valetudinarian lady's accustomed mode of life, which takes place when she leaves home for the gayer atmosphere of any of the German Brunnens or French "Sale des Eaux," or even the comparatively sombre existence of an English watering place, the action of certain mineral and thermal waters on many of the diseases of women produced by inflammation or congestion of the womb is unquestionable.

Three distinct classes of mineral waters may be used in the treatment of chronic uterine complaints. The first are the iodated and bromated saline springs, the *Iod-und-Bromhaltige Kochsalzwässer*, as the Germans term such spas, as contain iodine and bromine, generally in the shape of bromide of manganese and iodide of sodium, dissolved in a muriated saline water. Springs of this kind are seldom thermal. The most important of these iodated or bromated spas are Wildegg in Switzerland,

<sup>a</sup> On Change of Climate: A Guide for Travellers in Pursuit of Health. By Thomas More Madden, M.D. London: 1st edition, 1864; 2nd edition, 1872.

<sup>b</sup> The Spas of Germany, Switzerland, France, and Italy, in the Treatment of Chronic Diseases. By the same. London: 1st edition, 1865; 2nd edition, 1873.



Kreuznach on the Nahe, Adelheidsquelle in Bavaria, Hall in Austria, and Salzhausen in Hesse-Darmstadt. These waters stimulate the action of the mucous membranes, promote absorption, occasion pytalism and diuresis, quicken the appetite, and act as powerful resolvents on all glandular enlargements. Hence their efficacy in the treatment of the diseases of women produced by chronic uterine enlargements and hypertrophy, the result of congestion or chronic inflammation of the womb; and especially in these cases of sterility which are supposed to be occasioned by hypertrophy of the cervix uteri.

The second class of mineral water applicable to the treatment of the chronic uterine diseases now under consideration are the chalybeates, both simple and saline. The former are those most resorted to by sufferers from chronic diseases of the womb, and are for the most part cold mineral springs containing the carbonate of the protoxide of iron dissolved in water containing more or less carbonic acid. Most of them hold a certain amount of manganese in solution. The saline chalybeates contain other saline ingredients in addition to the iron and carbonic acid. The action of the simple chalybeates is tonic and stimulant in proportion to their strength, exciting the nervous, circulating, and digestive functions, and at the same time improving the quality of the circulating fluid by increasing its fibrine and red corpuseles. Hence these springs are specially adapted for the treatment of chronic ulceration of the cervix uteri and uterine or vaginal leucorrhœa, associated with anæmia as well as in the constitutional debility and loss of tone so frequently produced by, as well as conducive of, chronic uterine irritation, inflammation, congestion, or ulceration. Chalybeate waters also exercise a marked curative action in cases of hysteria dependent on these causes, as well as in certain instances of sterility. The principal simple chalybeate waters suitable for such cases on the Continent are Spü in Belgium, Pymount in Waldeck, Brüchenau in Bavaria, Selwalbach in the ex-Duchy of Nassau, and Driburg in Westphalia.

The saline chalybeate springs may also be used in various forms of chronic uterine disease producing anæmia and complicated with abdominal and other enlargements, and, according to my experience, are particularly serviceable in the chronic uterine disorders so commonly caused in European women by tropical climates, and especially by long residence in India. These springs generally contain the salts of soda in combination with iron, and amongst them those most suitable for the cases we are now considering are Stahlbrunnen of Homburg, Franzensbad in Bohemia, Boeklet in Bavaria, and at home Tunbridge Wells and Cheltenham.

Sulphurous mineral waters are the third class which I regard as applicable for the treatment of the uterine diseases above referred to. These springs derive their chief efficacy from sulphuretted hydrogen gas and

metallie sulphurets, generally of sodium or potassium. Their activity is mainly influenced by their temperature, being most powerful when this is highest. All thermal sulphurous waters are strongly stimulating, as they affect and act on the nervous, as well as on the vascular system, and can only be safely used in cases where there is no tendency to hæmorrhagic or other serious organic disease, where the patients' constitutional state is anæmie rather than plethoric, and where there is no danger of enkindling latent inflammation, and thus converting a chronic into an acute disease. The warm sulphurous waters that are available for the treatment of chronic inflammation of the womb are Schinznach in Switzerland, Baden on the Limat, Aix-les-Bains, Eaux-Bonnes, and Amélie-les-Bains. Cold sulphurous waters may also be employed in some cases of chronic uterine inflammation or ulceration, and are far less stimulating than the thermal water of the same class. We possess in this country some of the most powerful cold sulphurous waters in Europe, namely, those of Swanlinbar, Lucan, and Lisdoonvarna, the latter is becoming to some extent known, the two former are almost disused, though all three might be advantageously used in many cases of chronic uterine disease, as well as Harrowgate, Moffat, or the more fashionable, because more remote, spas of Weilbach, Langenbrücken, and Wippfeld in Germany or Enghein-les-Bains near Paris.

Schinznach, the strongest sulphurous spa in Switzerland, is specially adapted for chronic uterine disorders connected with the scrofulous diathesis, in cases in which the constitutional condition of the patient is decidedly anæmie. This spa, a full account of which I have published in my work on the mineral waters of the Continent, is beautifully situated within half an hour's journey by railway from Basle, and presents many advantages for the temporary residence of anæmie ladies worn out by the excitement and fatigues of fashionable city life, and suffering from chronic inflammation or ulceration of the cervix uteri.

The Schinznach spa is thermal, the odour is strongly sulphurous, and the flavour I can only describe as a compound between the washings of a gun barrel and weak brine. It contains about fourteen grains of salts, principally chloride of sodium, sulphates of lime and magnesia, carbonate of magnesia, and chloride of ammonia in each pint. The most important ingredients of this water, in a remedial point of view, however, are the sulphuretted hydrogen, and carbonic acid gases, of each of which it contains so large an amount, that it cannot be used till some time after taken from the spring, so as to allow of the escape of a portion of these gases. In small doses it is tonic; in larger quantities it is a powerful stimulant, exciting the activity of the gastro-intestinal mucous membrane, increasing the excretions, and determining to the skin, on which a course of these baths frequently act so powerfully as to bring out a specific cutaneous eruption. This water is especially beneficial in scrofulous diseases,

whether affecting the external glandular system or attacking the mesentery or other internal structures. It is, however, to the undoubted influence of these baths and waters on chronic uterine diseases, attended by anæmia, chlorosis, and leucorrhœa, and resulting from chronic scrofulous inflammation, ulceration, or enlargement of the cervix uteri, that I desire to call attention. I believe we have in the proper internal administration of the Schinznach waters, conjoined with their employment as baths and in vaginal injections, a remedy of great therapeutic power in many of the chronic diseases of the womb. These waters, however, do not belong to the class of remedies which if they do no good can at least do no harm. On the contrary, they can only be safely employed in suitable cases, and, like all other strong sulphurous waters, and more especially all thermal sulphurous waters, always require the greatest caution in their use, being so powerfully stimulant as to be most unsuitable, and even most dangerous, for any patient of a plethoric habit, or who is threatened with any hæmorrhagic, cerebral, pulmonary, or cardiac disease.

The dose of this water is from one to three small glasses twice a day. It is also used in douch, vapour, and other baths, and the season lasts from May till September.

A very short distance from Schinznach is Wildegg, another and still more important spa for uterine cases. The mineral water of Wildegg rises through an artesian well, the supply afforded by which is so small as to furnish barely enough for exportation. This spa is one of the very few known iodated and bromated mineral springs, and is a most powerful remedial agent in congestion and hypertrophy of the cervix uteri, as well as in glandular scrofulous diseases, in which it is more generally employed. The Wildegg water must be used with great caution, in small doses of from two to four ounces, twice a day, as in larger doses it soon produces all the symptoms of iodism. Its internal use should be generally combined with a course of the Schinznach baths, and is administered in the same class of cases as that water.

In uterine inflammation and ulceration cold saline hip baths are of great service, giving tone to the general system as well as to the seat of the disease, abating inflammatory action, diminishing hæmorrhagic and leucorrhœal discharges in some cases, and restoring the natural secretions in others.

Whenever uterine and ovarian dysmenorrhœa, pain, or any other evidence of inflammation is present there is no remedy of such universal applicability as the prolonged use of warm or tepid baths. Nature has given us a wide choice of such baths, suitable for almost every form of chronic inflammatory, uterine, and ovarian disease in the natural thermal springs which are found in almost every country. The waters which are used for this purpose are generally so feebly mineralized as to lead many to suppose that their effects are due to their mere temperature.



Be this as it may, however, the fact remains that tepid thermal waters exercise a remarkable sedative action on the nervous and vascular systems. Under their use the frequency of the pulse is diminished, pain insensibly disappears, and all nervous irritation is gradually allayed. Effects such as these point them out as especially suitable for cases of chronic uterine disease, leading, as is generally the case, to general as well as local hyperæmia, together with more or less hysteria or nervous irritability. Under these circumstances the effects of prolonged immersion of the body for hours together in water at the temperature of from 87° to 96°, or even 98°, is peculiarly sedative. The spas which are employed in this way, and from which I have seen most advantage in cases of uterine disease are those of Pfeffers, in Switzerland; Schlangenberg, in Nassau; Wildbad, in Wurtemberg; and Claudfontaine, in Belgium. To be of use these tepid thermal baths must be employed for long periods at a time, though it would be hard to persuade ladies of the present day to remain in their baths as long as was commonly the case at Pfeffers, when, as an old author assures us, they remained in the water for whole days together.—“*Multa dies noctesque thermis non egredientur; sed cibum simul et somnium in his capiunt.*”

Besides these, the thermal arseniated waters of Mont Dore and St. Nectaire, both in the volcanic district of Auvergne, may be used in uterine disorders of scrofulous or neuralgic origin. The warm mineral waters of St. Sauveur, in the Eastern Pyrenees, which, in addition to their high temperature, contain a large amount of the peculiar pseudo-organic unctuous substance termed “glairine” or “baregine,” have a great and, I believe, well merited reputation in France in the treatment of scrofulous, rheumatic, and neuralgic affections, as well as in hysteria, leucorrhœa, and other complaints peculiar to women, resulting from chronic uterine disease.

It can hardly be necessary for me to observe that, although I attach so much importance to the constitutional treatment of chronic uterine maladies, which, I believe, is too generally overlooked at the present day, I am by no means insensible of the equal importance of conjoining efficient local treatment with the constitutional remedies indicated in such cases. Many of the principal recent improvements in the local treatment of uterine affections may be ascribed to Irish obstetric practitioners. Thus, for instance, to Dr. Kennedy, now President of the Dublin Obstetrical Society, must be conceded the credit of applying the solid nitrate of silver within the cavity of the womb;<sup>a</sup> another of our former Presidents, Dr. Denham, subsequently improved upon this idea, and proved the safety of leaving a small piece of lunar caustic in the uterine cavity in some cases of uterine hæmorrhage, a practice from which, in his hands,

<sup>a</sup> Dr. Evory Kennedy on Inflammatory and Uterine Affections of the Uterus, &c., Dublin Quarterly Medical Journal, Vol. iii., 1847.



and in those of Dr. Johnston, the present Master of the Lying-in Hospital, I have seen great benefit long before any account of this plan of treatment, as far as I am aware of, was published; and to our last President, Dr. Kidd, we are mainly indebted for the power of rapidly dilating the cervical canal by a number of sea-tangle tents, for the purpose of exploring the uterine cavity, and also for demonstrating the benefit which may be derived from the use of the fuming nitric acid in suitable cases of intra-uterine disease. It would be of little use to mention all the improvements that have been thus effected in uterine therapeutics, for a full account of which I would refer to the writings of the late Dr. Beatty<sup>b</sup> and those of Drs. Churchill,<sup>c</sup> M'Clintock,<sup>d</sup> Atthill,<sup>e</sup> and other Irish obstetricians.

With regard to the local treatment of cases of chronic inflammation, ulceration, and hypertrophy of the cervix uteri, my observations will be very brief. I fully admit the great importance of local treatment in these cases. But to recapitulate the various local applications that have been recommended would be to give a list of remedies as long and as uninteresting as the "catalogue of the ships" in the Iliad, and therefore I shall merely mention the local applications from which I have seen most benefit derived in these cases.

Vaginal syringing, either cold or tepid, as may be most agreeable to the patient, was the first method of using any topical remedy in uterine diseases, and it still remains one of the most useful and indispensable. Various fluids have been proposed for this purpose. In cases of mere inflammation, or congestion without ulceration, or leucorrhœa, cold or tepid water, or infusion of chamomile, thrown up by a syphon vaginal syringe in quantities of a pint or two twice daily, is perhaps the most useful. Where an astringent is required the decoction of oak bark, with or without sulphate of alum, ʒi. to the pint, or a similar quantity of the compound powder of catechu mixed with boiling water, then strained, and used cold, or a very weak solution of the perchloride of iron will generally answer. If the discharge be offensive a dilute solution of permanganate of potash or of carbolic acid may be tried, and if pain be the prominent symptom a little liquor opii (ʒi. ad. ʒ) may be resorted to.

These cases seldom come under observation till the disease has passed from the stage of congestion or inflammation into that of ulceration. If, however, the cervix be found congested on examination, whether

<sup>a</sup> Dr. Kidd in the Proceedings of the Dublin Obstetrical Society, Dublin Quarterly Medical Journal.

<sup>b</sup> Dr. T. Beatty, Contributions to Medicine and Midwifery. Dublin. 1866.

<sup>c</sup> Dr. Churchill, On the Diseases of Women. 5th edition. Dublin. 1864.

<sup>d</sup> Dr. M'Clintock, Clinical Memoirs on Diseases of Women. Dublin. 1863.

<sup>e</sup> Dr. Lombe Atthill, Clinical Lectures on Diseases Peculiar to Women. 2nd edition. Dublin. 1872.

ulceration be present or not, it may be relieved by a few punctures with a sharp bistoury, or with less trouble to the patient, and generally equally effectually, by the application of a plug of wadding saturated with glycerine to the os and cervix uteri. This application, which was first suggested by M. Demarquay, and introduced into practice by Dr. Marion Sims, is of all others the most generally useful dressing that can be applied to an inflamed, ulcerated, hypertrophied, or congested cervix uteri. The introduction of a large ball of cotton saturated with glycerine, and provided with a properly adjusted string to facilitate its removal is invariably followed by a copious watery discharge or exudation of serum from the diseased surface. In this way it acts as a powerful depletant, and on the removal of the plug, which must be withdrawn within twenty-four hours, the part which may have previously been congested and angry-looking, the mucous membrane of the cervix, instead of its natural pink colour, being perhaps, in these cases, as red as the patient's petticoat, will be found pale and normal in colour; or if ulcerated, the abraded surface will appear perfectly clean and healthy-looking. It need hardly be observed that these effects are not permanent, but the repetition of the same application will for a long time continue to produce similar results, until either the remedy loses its power or the disease is cured.

In the majority of cases of simple ulceration of the os and cervix uteri a free application of a strong tincture of iodine twice a week is the best and most speedily curative local application that can be made. If this fails, as it sometimes will, the solid nitrate of silver, or a strong solution of this salt, may be similarly employed. Whenever there is any well grounded suspicion of the ulceration being of syphilitic origin the acid nitrate of mercury may be resorted to, but requires to be most cautiously used. In the severe cases of granular ulceration, extending, as is frequently the case, from the os through the patulous cervical canal to the body of the uterus, a single application of the fuming nitric acid, pressed firmly against the diseased surface, and passed through the cervix into the cavity of the uterus by a wire, thinly coated with cotton wadding dipped in the strong acid, when aided by proper constitutional treatment, effectually destroys the most angry and obstinate ulceration, leaving a clean, healthy, granulating surface as soon as the eschar has fallen, and seldom requires to be used a second time if properly applied.

With regard to the potassa cum calce, as advised by Dr. Tilt\* as a caustic in these cases, my experience is very limited, but in the few cases in which I have seen it employed the results were not such as would induce me to recommend its use. Of the stronger caustic—the

\* *A Handbook of Uterine Therapeutics.* By E. J. Tilt, M.D. 3rd Edition London, 1868.

potassa fusa—advocated by Dr. J. H. Bennett and by the late Sir James Simpson, my experience leads me to coincide entirely with Dr. West, “that when adopted it is usually either out of place or superfluous.” I have seen great injury done in some cases which came under my observation, in which bolder practitioners had used caustic potash freely to cauterize an ulcerated os uteri, or to reduce an enlarged cervix. In two instances I was obliged to attempt to restore by dilatation the canal of the cervix which had been almost obliterated by the improper application of caustic potash, and one in which the vagina was thus occluded. Nor are these the only evils which may follow the employment of this heroic remedy. I have had to treat acute metritis produced in this way, and I have, therefore, not felt myself justified in using a remedy liable to produce such consequences, when other agents equally powerful, but less dangerous, could be employed.

Hypertrophy of the cervix uteri, considered as a cause of sterility, has attracted more attention than it deserves, and a variety of heroic surgical procedures have been proposed and are practised for its removal with this view. These include amputation of the enlarged cervix, as recommended by Dr. Marion Sims, the application of potassa fusa, or of the potassa eum calce, for the purpose of melting down the enlarged cervix, as advocated by Dr. J. H. Bennett, and the employment of the actual cautery, as practised by French surgeons. Now, in my opinion, all these procedures are, as a rule, not only useless but injurious in the majority of instances of hypertrophy of the cervix uteri, though each of them may be necessary and beneficial in extreme cases, and under exceptional circumstances. A much safer and, in some cases, very effectual mode of reducing the size of the hypertrophied part is the application of a solution of iodine in glycerine.

I had prepared, to some extent, a table, from my note-book, showing the constitutional condition of the patients in a large number of cases of chronic inflammation and ulceration of the cervix, as well as the duration of the disease, the treatment adopted, and the result of each case; but I found it impossible to have it completed in time for this meeting, and hence, reluctantly, I have been obliged to omit it, rather than present it in an imperfect form. I may, however, observe that should I have another opportunity of submitting this table to the Society, it will be found to bear out my views as to the frequent constitutional origin of these maladies, and the benefits derived from co-joining constitutional remedies with local treatment in expediting their cure and preventing their recurrence.

The practical conclusions which I would venture to submit to the consideration of the learned Society which I have the honour of addressing, as the result of my experience of chronic uterine disease, are briefly as follows:—

1st.—That chronic inflammation of the uterus, and especially of the cervix uteri, producing hypertrophy and ulceration is, in the majority of cases, occasioned by constitutional causes, one of the most frequent of which is the scrofulous diathesis.

2nd.—That these diseases require constitutional as well as local treatment.

The constitutional treatment required has now been fully discussed, and I would again urge the benefits derivable, in these cases, from the use of the mineral and thermal water I have spoken of.

In many cases of chronic uterine inflammation and ulceration of the cervix uteri, the inflammation may be subdued and the ulcer cicatrized by local applications alone. Still, however, if general treatment is not combined with the local measures depended upon, the inflammation subsides or the ulceration heals much more slowly, and the disease is far more liable to recur within a short time than is the case when suitable constitutional remedies are resorted to.

I am aware that the views expressed in the foregoing pages as to the causes of chronic uterine inflammation and its results, and as to the great importance of constitutional as well as of local treatment in these cases, differ from the opinions of some eminent modern writers on the subject. But I have long thought over the neglect of constitutional treatment in uterine disorders, and had an ample opportunity of studying these diseases, and watching the comparative effects of different plans of treatment in the gynæcological wards and in the extern department of the great obstetric institution with which I was connected.